Docket No.:

## DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

	_				=	ted below) or an original, first need and for which a patent is
sought, namely the invention entitled: Semiconductor Device Simulation Method and Simulator						
amended by any ame I acknowled defined in Title 37, C Under Title	ewed and understandment referred to dge the duty to disconde of Federal Reg 35, U.S. Code §1	pplication the above. close to ulations 19, the p	n number contents of t the Office all §1.56. priority benefi	he abo	ove-identified specificat mation known to me to the following foreign ap	tion, including the claims, as be material to patentability as plication(s) filed by me or my
legal representatives or assigns within one year prior to my international application are hereby claimed:						
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):						
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:						
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.						
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.						
made herein of my o and further that thes punishable by fine o willful false statemen	wn knowledge are to e statements were or imprisonment, on ts may jeopardize	true and made w r both, u	that all staten ith the know inder Section	nents r ledge 1 1001	nade on information and hat willful false statem	tration, and that all statements d belief are believed to be true; tents and the like so made are ted States Code and that such the tereon.
Typewritten Full Name of Sole or First Inventor Inventor's Signature Date of Signature		Bas	il	•		Lui
		X	Given Name Basila	<u></u>	Middle Initial	Family Name
		X	Morch Month	15	2001	Van
Residence:	Cambridge,	Grea City		n	Day State or Province	Year
Citizenship:	British					
Post Office Address: (Insert complete maili address, including cou			8c King Cambrid		rade . Great Britain	

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Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.